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COMMISSION CLERK

090113-TI

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON THE IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addresses B. Received by (Printed Name) C. Pate of Delivery C. Pate of Delivery
1. Article Addressed to: 090113 Comtel Networks, Corp. Mr. Max Glucksmann	D. Is delivery address different from item 1?
Pompano Beach FL 33064-6255	3. Service Type Certified Mail Registered Insured Mail C.O.D.
PSC-09-0383-CO-TI	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 0810 0002 3487 6930	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

05498 JUN-38